

RCW 71.24.710 Reentry services—Work group. (1) The authority shall convene a reentry services work group to consider ways to improve reentry services for persons with an identified behavioral health services need. The work group shall:

(a) Advise the authority on its waiver application under RCW 71.24.715;

(b) Develop a plan to assure notifications of the person's release date, current location, and other appropriate information are provided to the person's managed care organization before the person's scheduled release from confinement, or as soon as practicable thereafter, in accordance with RCW 74.09.555;

(c) Consider the value of expanding, replicating, or adapting the essential elements of the reentry community services program under RCW 72.09.370 and 71.24.470 to benefit new populations, such as:

(i) A larger group of incarcerated persons in the department of corrections than those who currently have the opportunity to participate;

(ii) State hospital patients committed under criminal insanity laws under chapter 10.77 RCW;

(iii) Involuntary treatment patients committed under chapter 71.05 RCW;

(iv) Persons committed to juvenile rehabilitation;

(v) Persons confined in jail; and

(vi) Other populations recommended by the work group;

(d) Consider whether modifications should be made to the reentry community services program;

(e) Identify potential costs and savings for the state and local governments which could be realized through the use of telehealth technology to provide behavioral health services, expansion or replication of the reentry community services program, or other reentry programs which are supported by evidence;

(f) Consider the sustainability of reentry or diversion services provided by pilot programs funded by contempt fines in *Trueblood, et al., v. Washington State DSHS*, No. 15-35462;

(g) Recommend a means of funding expanded reentry services; and

(h) Consider incorporation of peer services into the reentry community services programs.

(2)(a) In addition, the authority shall convene a subcommittee of the work group consisting of a representative of the authority, one representative of each managed care organization contracted with the authority under chapter 74.09 RCW, representatives of the Washington association of sheriffs and police chiefs, representatives of jails, and other members that the work group determines are appropriate to inform the tasks of the work group.

(b) The subcommittee must:

(i) Determine and make progress toward implementing a process for transmitting real-time location information related to incarcerated individuals to the managed care organization in which the individual is enrolled;

(ii) Develop a process to transmit patient health information between jails and managed care organizations to ensure high quality health care for incarcerated individuals enrolled in a managed care organization; and

(iii) Improve collaboration between the authority, the managed care organizations, and the jails as it pertains to care coordination both when an individual enters custody and upon release.

(c) The subcommittee must submit an initial report to the relevant committees of the legislature by December 1, 2021, and a final report by December 1, 2022. The reports shall evaluate the progress of managed care organizations with respect to meeting their contractual obligations regarding clinical coordination when an individual enters custody as well as care coordination and connection to reentry services upon release, including any corrective action taken by the authority against a managed care organization related to noncompliance. The reports shall also identify any barriers to effective care coordination for individuals in jail and recommendations to overcome those barriers.

(3) The authority shall invite participation in the work group by stakeholders including but not limited to representatives from: Disability rights Washington; behavioral health advocacy organizations; behavioral health peers; reentry community services providers; community behavioral health agencies; advocates for persons with developmental disabilities; the department of corrections; the department of children, youth, and families; the Washington association of sheriffs and police chiefs; prosecutors; defense attorneys; the Washington state association of counties; King county behavioral health and recovery division; the department of social and health services; state hospital employees who serve patients committed under chapters 10.77 and 71.05 RCW; the public safety review panel under RCW 10.77.270; managed care organizations; behavioral health administrative services organizations; jail administrators; the Washington statewide reentry council; the Washington state senate; the Washington state house of representatives; and the Washington state institute for public policy.

(4) The work group must provide a progress report to the governor and appropriate committees of the legislature by July 1, 2022, and a final report by December 1, 2023. [2021 c 243 s 9.]

Findings—2021 c 243: See note following RCW 74.09.670.